

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/660505

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	
INDEPENDENT CLAIMS		minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT.			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	13		
Independent		Minus	20	<input checked="" type="checkbox"/>
		Minus	3	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY TYPE

OTHER THAN OR. SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	150.00	OR BASIC FEE	300.00
X\$ 25 =		OR X\$50 =	
X100 =		OR X200 =	
+180 =		OR +360 =	
TOTAL		OR TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25 =	<input checked="" type="checkbox"/>	OR X\$50 =	<input checked="" type="checkbox"/>
X100 =	<input checked="" type="checkbox"/>	OR X200 =	<input checked="" type="checkbox"/>
+180 =	<input checked="" type="checkbox"/>	OR +360 =	<input checked="" type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent		Minus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Minus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25 =	<input checked="" type="checkbox"/>	OR X\$50 =	<input checked="" type="checkbox"/>
X100 =	<input checked="" type="checkbox"/>	OR X200 =	<input checked="" type="checkbox"/>
+180 =	<input checked="" type="checkbox"/>	OR +360 =	<input checked="" type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent		Minus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Minus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25 =	<input checked="" type="checkbox"/>	OR X\$50 =	<input checked="" type="checkbox"/>
X100 =	<input checked="" type="checkbox"/>	OR X200 =	<input checked="" type="checkbox"/>
+180 =	<input checked="" type="checkbox"/>	OR +360 =	<input checked="" type="checkbox"/>